

DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION

As a below-named inventor, I hereby declare that:

My residence, post-office address, and citizenship are as stated below next to my name.

I believe I am an original, first, and joint inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled SYSTEM AND METHOD FOR RELIABLE PEER COMMUNICATION IN A CLUSTERED STORAGE SYSTEM, the specification of which is attached hereto and identified by Cesari and McKenna File No. P01-1504/112056-0099.

I hereby state that I have reviewed and understand the contents of the above-identified application specification, including the claims, as amended by any amendment specifically referred to herein.

I acknowledge the duty to disclose all information known to me that is material to patentability in accordance with Title 37, Code of Federal Regulations, §1.56.

I hereby claim foreign priority benefits under Title 35, United States Code §119(a)-(d) or (f), or §365(b), of any foreign application(s) for patent or inventor's or plant breeder's rights certificate(s), or §365(a) of any PCT international application that designated at least one country other than the United States of America, listed below:

None

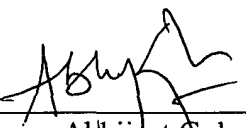
I have also identified below any foreign application for patent or inventor's certificate filed by me on the same subject matter having a filing date before that of the application on which priority is claimed:

None

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment or both under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

I hereby appoint Michael E. Attaya, Reg. No. 31,731; Michael J. Badzinski, Reg. No. 51,425; Charles J. Barbas, Reg. No. 32,959; James M. Behmke, Reg. No. 51,448; James A. Blanchette, Reg. No. 51,477; Joseph H. Born, Reg. No. 28,283; John L. Capone, Reg. No. 41,656; Robert A. Cesari, Reg. No. 18,381; Duane H. Dreger, Reg.

No. 48,836; A. Sidney Johnston, Reg. No. 29,548; Stephen E. Kabakoff, Reg. No. 51,276; William A. Loginov, Reg. No. 34,863; John F. McKenna, Reg. No. 20,912; Martin J. O'Donnell, Reg. No. 24,204; Thomas C. O'Konski, Reg. No. 26,320; Edwin H. Paul, Reg. No. 31,405; Michael R. Reinemann, Reg. No. 38,280; Robert E. Rigby, Jr., Reg. No. 36,904; Rita M. Rooney, Reg. No. 30,585; and Patricia A. Sheehan, Reg. No. 32,301, Cesari and McKenna, LLP, 88 Black Falcon Avenue, Boston, MA 02210, and and Gary E. Ross, Reg. No. 29,431, Network Appliance, Inc., 495 East Java Drive, Sunnyvale, CA 94089, jointly, and each of them severally, my attorneys and attorney, with full power of substitution, delegation and revocation, to prosecute this application, to make alterations and amendments therein, to receive the patent and to transact all business in the Patent and Trademark Office connected therewith. Please direct all telephone calls to Duane H. Dreger at (617) 951-2500. Please address all correspondence to Duane H. Dreger.

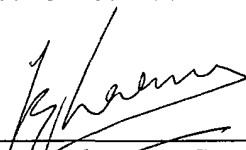


Abhijeet Gole 7/17/03
Date

Residence: 899 Scott Court
Campbell, CA 95008

Citizenship India

Post Office Address: Same as above



Joydeep sen Sarma 07/17/03
Date

Residence: 210 Calderon Avenue, Apt. 117
Mountainview, CA 94041

Citizenship India

Post Office Address: Same as above

CALIF RNIA ALL-PURP SE ACKNOWLEDGMENT

State of California

County of

Santa Clara

SS.

On July 17, 2003

Date

before me,

Angela Arzate Notary Public

Name and Title of Officer (e.g., "Jane Doe, Notary Public")

personally appeared

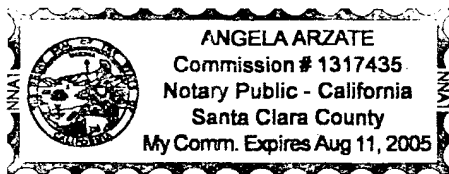
Abhijeet Prakash Gde

Name(s) of Signer(s)

☒ personally known to me

☐ proved to me on the basis of satisfactory evidence

to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.



WITNESS my hand and official seal.

Angela Arzate

Signature of Notary Public

OPTIONAL

Though the information below is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent removal and reattachment of this form to another document.

Description of Attached Document

Title or Type of Document: _____

Document Date: _____

Number of Pages: _____

Signer(s) Other Than Named Above: _____

Capacity(ies) Claimed by Signer

Signer's Name: _____

☐ Individual

☐ Corporate Officer — Title(s): _____

☐ Partner — ☐ Limited ☐ General

☐ Attorney-in-Fact

☐ Trustee

☐ Guardian or Conservator

☐ Other: _____

Signer Is Representing: _____

RIGHT THUMBPRINT
OF SIGNER
Top of thumb here

CALIFORNIA ALL-PURP SE ACKN WLEDGMENT

State of California

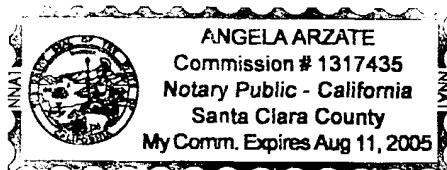
County of Santa Clara } ss.

On July 17, 2003 before me, Angela Arzate, Notary Public
Date Name and Title of Officer (e.g., "Jane Doe, Notary Public")

personally appeared Jaydeep Sen Sarma
Name(s) of Signer(s)

☒ personally known to me
☐ proved to me on the basis of satisfactory evidence

to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.



WITNESS my hand and official seal.

[Signature]
Signature of Notary Public

OPTIONAL

Though the information below is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent removal and reattachment of this form to another document.

Description of Attached Document

Title or Type of Document: _____

Document Date: _____ Number of Pages: _____

Signer(s) Other Than Named Above: _____

Capacity(ies) Claimed by Signer

Signer's Name: _____

- ☐ Individual
☐ Corporate Officer — Title(s): _____
☐ Partner — ☐ Limited ☐ General
☐ Attorney-in-Fact
☐ Trustee
☐ Guardian or Conservator
☐ Other: _____

Signer Is Representing: _____

